

## **ABSTRACT**

### **BACKGROUND:**

The traditional way of classification of ascites by AFTP offers little insight to the pathophysiology of ascites formation and it has further drawbacks. In order to overcome it the classification of ascites based on SAAG has emerged. Even SAAG also has some draw backs like non correlation with ascites due to non alcoholic cirrhosis and difficulty in identifying the ascites due to mixed etiology. So the study is conducted to compare the diagnostic accuracies of SAAG and AFTP in identifying the pathophysiology of ascites as both the method has drawbacks.

### **METHODS:**

A total of hundred patients who were admitted with Ascites were included and ascitic fluid total protein and SAAG was calculated. They are classified on the basis of SAAG into High SAAG and low SAAG and on the basis of AFTP into Transudate and Exudate. After the etiology of ascites evaluated by various diagnostic procedures the sensitivity, specificity and diagnostic accuracy of SAAG and AFTP in identifying the pathophysiology of ascites calculated separately. The diagnostic accuracies of SAAG and AFTP compared statistically.

**RESULTS:**

The sensitivity of SAAG was found to be 87% and that of AFTP was found to be 63.6%. The specificity of SAAG was found to be 86.96% and that of AFTP was found to be 60.26%. The diagnostic accuracy of SAAG was found to be 87% and that of AFTP was found to be 61%. The diagnostic accuracy of SAAG and AFTP for individual aetiologies of ascites were found and compared. SAAG was found to be superior to AFTP with a P value of  $<0.01$  which was statistically significant .

**CONCLUSION:**

The sensitivity and specificity of SAAG and AFTP in identifying the pathophysiology of ascites in various hepatic and non-hepatic causes were studied and it was found that SAAG was superior to AFTP. The diagnostic accuracy of SAAG and AFTP was studied for individual etiologies of ascites and SAAG was found to be superior to AFTP and it was proved statistically significant.

**KEYWORDS:**

ASCITES, SAAG, AFTP, CIRRHOSIS